REV 07/11

IT-101V Employer's West Virginia Income Tax Withheld WV State Tax Department PO Box 1667 Charleston, WV 25326

PERIOD ENDING	DUE DATE	NO. OF EMPLOYEES AT END OF PERIOD		PAYMENT
MM DD YYYY	MM DD YYYY			VOUCHER
ACCOUNT NUMBER				
			TOTAL REMITTANCE	_
NAME				•
ADDRESS				
CITY	STATE ZIP		<u> </u>	4 2 2 0 0 9 0 1 W